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PTO/SB/06 (08-03)
Approved for use through 7/31/2006, OMB 0651-0032
U.S. Patent and Tradement Office; U.S. DEPARTMENT OF COMMERCES

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PATENT APPLICATION FEE DETERMINATION RECORD											Application or Docket Muraber,			
Substitute for Form PTO-875										0	1945	018		
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SWALL	ENTITY	OR	OTHER THAN SMALL ENTITY			
				ER FILED MANS		ER EXTRA		RATE	FEE	•	RATE	FEE		
BASIC FEE (37 CFR 1.16(a))					· ·			 	OR		1			
TOTAL CLAMS (37 CFR 1.18(c))			minus 20 s					xs •		OR ·	x s=			
MOEPENDENT CLAIMS D7 CFR 1,18(b))								x .		OR	x :			
Q7 CFR 1.16(b) mbus 3 x * *								+,		OR	**			
"If the difference in column 1 is less than zero, enter "O" in column 2.							J	TOTAL		OR	TOTAL			
	h								<u> </u>	•	10.72	_		
CLAIMS AS AMENDED - PART II OTHER THAN														
•	XXX		mn 1)		(Calumn 2)	(Calumn 3)		SMALL	ENTITY	OR -	SMALL			
NT器		REM	AIMS AIMING FTER IDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADOI- TIONAL FEE		PATE	ADDI- TIONAL FEE		
Ž	Total (IF OFR LISSOR)	•	13	Minus	- 49			x s =		OR	xs. =			
AMENDMENT	Endependent (SF CFR 1,160/B)		0	Minus	- 5	0	_	x s =		OR.	xs			
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAM (37 OFR 1.16(4))							+s =		OR .	+3 =			
								TOTAL ADDIL FEE		OR	TOTAL ADD'L FEE			
(Column 1) (Column 2) (Column 3)												•		
ENDMENT &		Ci.	AMS		HIGHEST NUMBER	PRESENT								
		AF	TER DMENT		PREVIOUSLY PAID FOR	EXTRA		rate	ADOI- TIONAL FEE	·	RATE	ADDI- TIONAL FEE		
M	Total (37 OFR 1.16(d)	1/5	2	Minus	49			x \$	\	OR	x s=			
AEN	Andependent CSF CSFR 1.MQsB		}	Minus	-3	•		x s=		OR	x s=			
₩	FRIST PRESENTATION OF MALTIPLE DEPENDENT CLAM. (D7 CFR 1.16(d))							+3 .		OR	**/			
	1 . 1 .	1.					•	TOTAL . ADD'L PEE		OR	TOTAL ADD'L FEE			
	12127	(0)) ma 1)	•	(Column 2)	(Column 3)			•	' . .				
AENDMENT .	•	T au	AUAS VINING	•	HIGHEST NUMBER	PRESENT					<u>.</u>			
		, AF	TER DMENT		PREVIOUSLY PAID FOR	EXTRA		RATE	ADDI- TIONAL FEE	•	RATE	ADDF TIONAL FEE		
	. Total car ora 1.xeca	12	+ 1	Minus	49	•		x.s*	7	OR	X 1			
	Independent CF GFR 1,1608	•	う]	Minus	- 5	•/		x s=		OR	× 8			
AM	FIRST PRESENTATION OF MALTIPLE DEPENDENT CLAM (37 CFR 1.16(d))							+: /-		OR	,			
•								TOTAL ADD'L FEE	•	OR :	TOTAL ADOLFEE			
•	* If the entry in column 1 is less then the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Mumber Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Mumber Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													
	The Trignest M	anther Pr	eviously P	ed For (Tatal or Independ	ent) is the highe	st r	number found in	the appropriat	e box in o	dumn 1.	3 * - 3 -		

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PATENT APPLICA			ON RECOF	19:	plication or		,	ber -
	ective October AS FILED - P				7 <i>9945</i>			
CEAIIIIS	(Column 1		mn 2)	SMALL EN			OTHER MALL E	
TAL CLAIMS	49			RATE	FEE	<u> </u>	PATE	FEE
1	NUMBER FI	ED NUMB	ER EXTRA	BASIC FEE	355.00 O	RBA	SIC FEE	740.00
AL CHARGEABLE CLAIM	s 49 minu	s 20= ' a	9	X\$ 9=	261/0	R X	(\$18 =	520
PENDENT CLAIMS	5 min	us 3 = 1 A	2	X40=	1	R	x46-9/	160
TIPLE DEPENDENT CLA	M PRESENT			+135=	Y.		270=	7 W V
he difference in column	1 is less than zer	o, enter "0" in c	column 2		<u> </u>	"'∟	OTAL	142
	S AMENDED			TOTAL	1696 C		OTHER	THAN
(Column	Name of the last o	(Column 2)	(Column 3)	SMALL	ENTITY O		MALL	
CLAIMS REMAINII AFTER	lG .	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	<u></u>	PATE	ADD TION/ FEE
Total • KQ	Minus	US	- 12	X\$ 9=)BI	(\$18=	0
Independent • 5	Minus	** 15	- 7)	X40=)B	X80=	
FIRST PRESENTATION C	F MULTIPLE DEP	ENDENT CLAIN		+135=		\Box	270=	0
				TOTAL		M L	TOTAL	1
(Oat	4)	(Column 2)	(Column 3)	ADDIT. FEE		AD	OIT. FEE!	0
(Column CLAIM FIEMAINI AFTEI	S. MG	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		 RATE	ADD TION
Total • U.G.	Minus	-49	- 10	X\$ 9=)B	(\$18=	
Independent • 5	Minus	5	- 2	X40≈	-	~-	X80=	Ö
FIRST PRESENTATION (A MULTIPLE DEP	ENDENICUAIN		+135=	c	R -	-270=	0
			12.	TOTAL ADDIT, FEE		₽ An	TOTAL OIT, FEE	1
7-6-04 (Column	10	(Column 2)	(Column 3)					
CLAIM REMAIN AFTEI AMENDM	NG NG	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADD TION FEE
Total • 4'4	Minus	49	= O	X\$ 9=	7	OR I	X\$18=	0
	Minus	5	- 2	X40=	- / 1	-	xex-8/	15
Independent •				/\\\	. / 10.	mi	A Oh	• / /
Independent • FIRST PRESENTATION	OF MULTIPLE DEP	ENDENT CLAIR	<u> </u>	+135=	-/- 1		+270 =	7